

ADDRESS (CITY) (STATE) (ZIP)

General Information:

Has the applicant ever attended camp before? ____ Yes ____ No

If Yes, Name of Camp(s):

Please Describe the Applicant's Swimming Ability:

Describe the applicant's school/education program:

What are some of the applicant's interests and hobbies?

Describe and additional assistance required:

Is a 1 to 6 ratio ok or will camper require more supervision?

Does the camper have any toileting needs i.e. Bed wetting or daytime requirements
____ Yes ____ No If yes, please explain

~~~~~  
**Communication Information**

Does the applicant use hearing aid(s)? \_\_\_\_ Yes \_\_\_\_ No

Special instruction for the use of hearing aid(s) or other assistive device(s):

Does your child use sign language? \_\_\_\_ Yes \_\_\_\_ No

(NOTE: Sign Language is the main mode of communication at Camp)

Indicate the Applicant's communication mode(s) **(Please circle all that apply)**

ASL    SIGN WITH SPEECH    SPOKEN ENGLISH    OTHER: \_\_\_\_\_

Sign language (Please list system/method used):

Does your child have a cochlear implant? \_\_\_\_ Yes \_\_\_\_ No If yes, what restrictions does your child have in camp activities?

**PARENT/GUARDIAN and CAMPER'S Comments:**

(Comment on your applicant's communication, social, and group skills. Please indicate any area of concern so the camp can accommodate the applicant/camper's needs.)

**SCHOOL AUTHORIZATION**

I give permission for my child's school to share information on character/behavior reference with ASDB Literacy Camp.

---

Parent(s)/Legal Guardian Signature(s)

GRADE LEVEL 

---

---

Name of SCHOOL and CONTACT NAME

School Phone 

---

---

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE (PLEASE ATTACH MEDICAL INSURANCE CARD)**

I/We hereby give my permission to ASDB Literacy Camp to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child (name)

\_\_\_\_\_, should an emergency arise. It is understood that ASDB Literacy Camp will make a conscientious effort to locate parents, and/or any emergency contact listed on this form before any action is taken. I/We will accept the expense of medical or surgical treatment.

---

Parent(s)/Legal Guardian Signature(s) & Date

---

## **CONSENT TO TAKING AND USE OF PHOTOGRAPHS**

I/We hereby give my permission for photographs to be taken of our child during ASDB Literacy Camp activities, and for publication (i.e. brochure, website, etc.) use reasonably related to the positive promotion of the ASDB Literacy Camp programs.

---

Parent(s)/Legal Guardian Signature(s) & Date

---

## **AUTHORIZATION PARTICIPATE OR EXCLUDE PARTICIPATION IN ASDB LITERACY CAMP'S ACTIVITIES**

I/We hereby give my permission for my child to go on field trips away from ASDB Literacy Camp's premises, whether on foot or by authorized vehicle with driver and a chaperone. I give permission for my child to participate in all ASDB Literacy Camp activities with the following exception(s) (Please indicate your exceptions(s)).

I/We are making our exception on:

---

Parent(s)/Legal Guardian Signature(s) & Date

---

## **INDEMNIFICATION (WAIVER'S) AGREEMENT**

I/we agree to indemnify, hold harmless, and defend ASDB Literacy Camp and their respective employees, agents, and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with our applicant's participation in ASDB Literacy Camp. This includes holding ASDB Literacy Camp harmless for any injury which may occur to our applicant while traveling to the ASDB Literacy Camp's facility, or while returning from the ASDB Literacy Camp to go home.

---

Parent(s)/Legal Guardian Signature(s) & Date

---

## **BEHAVIORAL EXPECTATIONS**

I/we have read this with/to my child and we understand and agree to these conditions. If my child is having difficulty adhering to the appropriate behavior expectations, they will be encouraged to modify their behavior(s). If inappropriate behavior(s) continues, however, a camper may have to agree to a behavioral contract and, ultimately be asked to return home. By fulfilling these camp expectations, we foresee a cooperative and fun week.

---

Parent(s)/Legal Guardian Signature(s) & Date

**ALL CAMPERS AND PARENTS WILL NEED TO SIGN THE BULLYING POLICY FOR ASDB LITERACY CAMP. ASDB LITERACY CAMP HAS A ZERO TOLERANCE FOR BULLYING.**

**ANY CAMPER WHO HAS NOT HAD A PHYSICAL IN THE PAST 24 MONTHS PRIOR TO CAMP WILL NEED TO HAVE A PHYSICAL WITH THE MEDICAL FORM SIGNED BY THE DR.**